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## \*BIBDATASHEET\*

CONFIRMATION NO. 5380

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/903,749	<b>FILING OR 371(c) DATE</b> 07/11/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 10466/43
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/665,350 09/18/2000 ABN which is a CON of PCT/US00/04414 02/22/2000 which is a CIP of PCT/US99/23089 10/05/1999 which claims benefit of 60/104,080 10/13/1998 and is a CIP of PCT/US98/19330 09/16/1998 which is a CIP of PCT/US98/18824 09/10/1998 which claims benefit of 60/059,263 09/18/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 08/13/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 124	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
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Verified and Acknowledged \_\_\_\_\_  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

**ADDRESS**  
35489

**TITLE**  
ANTI-PRO211 POLYPEPTIDE ANTIBODIES

<b>FILING FEE RECEIVED</b> 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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